

# COVID-19 Daily Symptoms Checker for Staff, Parents/Guardians and Students

1. Review the following questions daily and STAY HOME if the answer is “YES”.

**For staff or students (grades 6-12):** Do you have any of the following symptoms within the past day that are not caused by another condition?

**For families (grades 5 or below):** Does your child have any of the following symptoms within the past day that are not caused by another condition?

**\*\* See exception below for fully vaccinated individuals**

Check if Yes	Symptoms
	Fever (100.4 F) or chills
	Cough
	Shortness of Breath or Difficulty Breathing
	Chills
	Fatigue
	Muscle or Body Aches
	Headache
	Recent loss of taste or smell
	Sore Throat
	Congestion or Runny nose
	Nausea or Vomiting
	Diarrhea

2. Have you been in close contact with anyone with confirmed COVID-19 within the past 14 days? Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.
3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you waiting for COVID-19 test results?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?

**If you answer YES to any of these questions, stay home and contact your school.**

**\*\* Close contacts who are fully vaccinated but have no symptoms** do not need to quarantine after an exposure to someone with suspected or confirmed COVID-19, but should watch for symptoms for 14 days after last close contact. If you develop symptoms within 14 days after an exposure, isolate yourself from others. Contact your healthcare provider and let them know you have been vaccinated for COVID-19. **People are considered fully vaccinated two weeks after their last vaccine.**